CHAPTER 35-000 REHABILITATIVE PSYCHIATRIC SERVICES

35-001 Introduction: The Nebraska Medical Assistance Program (NMAP) covers rehabilitative psychiatric services to rehabilitate clients experiencing severe and persistent mental illnesses in the community and thereby avoid more restrictive levels of care such as inpatient psychiatric hospital or nursing facility. Rehabilitative psychiatric services for children age 20 and younger are covered under EPSDT treatment plans, as described in Chapter 32-000 of this Title. Rehabilitative psychiatric services for adults age 21 and older are covered under the rules and regulations of this chapter. The services must be medically necessary and the most appropriate level of treatment for the individual client. This does not include treatment for a primary substance abuse diagnosis.

35-001.01 Definition of Severe and Persistent Mental Illness: Clients with severe and persistent mental illness must meet the following criteria:

1. The client is age 21 and over;
2. The client has a primary diagnosis of schizophrenia, major affective disorder, or other major mental illness under the current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. Developmental disorders, or psychoactive substance use disorders may be included if they co-occur with the primary mental illnesses listed above;
3. The client has a persistent mental illness as demonstrated by the presence of the disorder for the last 12 months or which is expected to last 12 months or longer and will result in a degree of limitation that seriously interferes with the client's ability to function independently in an appropriate and effective manner in two of three functional areas: Vocational/Education, Social Skills, Activities of Daily Living.
   a. Functional limitations in the area of Vocational/Education abilities are defined as:
      (1) An inability to be consistently employed or an ability to be employed only with extensive supports, except that a person who can work but is recurrently unemployed because of acute episodes of mental illness is considered vocationally impaired;
      (2) Deterioration or decompensation resulting in an inability to establish or pursue educational goals within a normal time frame or without extensive supports;
      (3) An inability to consistently and independently carry out home management tasks, including household meal preparation, washing clothes, budgeting, and child care tasks and responsibilities;
   b. Functional limitations in the area of Social Skills and abilities are defined as:
      (1) Repeated inappropriate or inadequate social behavior or an ability to behave appropriately or adequately only with extensive or consistent support or coaching or only in special contexts or situations, such as social groups organized by treatment staff; or
      (2) Consistent participation in adult activities only with extensive support or coaching and when involvement is mostly limited to special activities established for persons with mental illness or other persons with interpersonal impairments; or
      (3) A history of dangerousness to self or others.

c. Functional limitations in the area of Activities of Daily Living are defined as an inability to consistently perform the range of practical daily living tasks required for basic adult functioning in the community, in three of five areas listed below:
   (1) Grooming, hygiene, washing of clothes, and meeting nutritional needs;
   (2) Care of personal business affairs;
   (3) Transportation and care of residence;
   (4) Procurement of medical, legal, and housing services; or
   (5) Recognition and avoidance of common dangers or hazards to self and possessions.

4. The client is at significant risk of continuing in a pattern of either institutionalization or living in a severely dysfunctional way if needed mental health services are not provided, and this pattern has existed for one year or longer and is likely to endure for one year or longer; and
5. The client does not have a primary diagnosis of substance abuse/substance dependency or developmental disabilities.

35-001.02 Definition of Medical Necessity: The NMAP uses the following definition of medical necessity:

"Health care services and supplies which are medically appropriate and -

1. Necessary to meet the basic health needs of the client;
2. Rendered in the most cost-efficient manner and type of setting appropriate for the delivery of the covered service;
3. Consistent in type, frequency, duration of treatment with scientifically based guidelines of national medical, research, or health care coverage organizations or governmental agencies;
4. Consistent with the diagnosis of the condition;
5. Required for means other than convenience of the client or his or her physician;
6. No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
7. Of demonstrated value; and
8. No more intense level of service than can be safely provided.

The fact that the physician has performed or prescribed a procedure or treatment or the fact that it may be the only treatment for a particular injury, sickness, or mental illness does not mean that it is covered by Medicaid. Services and supplies which do not meet the definition of medical necessity set out above are not covered."

For purposes of covering rehabilitative psychiatric services under this Chapter, the following interpretative notes apply. Medical necessity for rehabilitative psychiatric services includes:

Health care services which are medically appropriate and -

1. Necessary to meet the psychiatric rehabilitation needs of the client;
2. Rendered in the most cost-efficient manner and type of setting appropriate for the delivery of the covered service;
3. Consistent in type, frequency, duration of service with accepted principles of psychiatric rehabilitation;
4. Consistent with the diagnosis of the condition;
5. Required for means other than convenience of the client or his or her service provider(s);
6. No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
7. Of demonstrated value; and
8. A no more intense level of service than can be safely provided.

For the purpose of this Chapter, rehabilitative psychiatric services are medically necessary when those services can reasonably be expected to increase or maintain the level of functioning in the community of clients with severe and persistent mental illness.

35-002 Provider Participation: To participate in NMAP as a provider of rehabilitative psychiatric services, a program must be certified by the Department of Health and Human Services under the applicable rules and regulations described in 204 NAC. The provider shall agree to contract with the Department of Health and Human Services for the provision of rehabilitative psychiatric services, and demonstrate the capacity to fulfill all the contractual requirements contained therein. The provider must also complete and sign Form MC-19 or Form MC-20, "Medical Assistance Provider Agreement," and be approved for enrollment in NMAP. In addition, eligible providers must also provide other documentation requested.

35-003 Nebraska Health Connection Services: Certain Medicaid clients are required to participate in the Nebraska Medicaid Managed Care Program (known as the Nebraska Health Connection). The Department developed the NHC to improve the health and wellness of Nebraska's Medicaid clients by increasing their access to comprehensive health services in a way that is cost effective to the State. The NHC was implemented on July 1, 1995. Enrollment in the NHC is mandatory for certain clients in designated geographic areas of the state. NHC clients may receive the NHC ID Document or the Nebraska Medicaid Card. Participation in NHC can also be verified by contacting the Nebraska Medicaid Eligibility System (NMES) (see 471-000-124) or electronically using the standard Health Care Eligibility Benefit Inquiry and Response transaction (ASC X12N 270/271).

The NHC utilizes two models of managed care plans to provide the basic benefits package; these models are health maintenance organizations (HMO's) and primary care case management (PCCM) networks. The NHC also provides a mental health and substance abuse benefits package on a statewide basis available to all clients who are required to participate in NHC.

If a client is required to participate in the NHC, all services contained in the benefits package (MH/SA or medical) must be provided under the management of the managed care plan.

35-004 Covered Services: NMAP covers the following rehabilitative psychiatric services under the rules and regulations of this chapter:

1. Community Support;
2. Day Rehabilitation;
3. Psychiatric Residential Rehabilitation.

For the purposes of meeting the requirements of 471 NAC 35-002, programs certified by the Department of Health and Human Services under 204 NAC 5 (effective date December 19, 1994) as Residential Support and/or Service Coordination providers shall be considered to be certified as Community Support providers.

35-004.01 Community Support: The Community Support program is designed to:

1. Provide/develop the necessary services and supports to enable clients to reside in the community;
2. Maximize the client's community participation, community and daily living skills, and quality of life;
3. Facilitate communication and coordination between mental health rehabilitation providers that serve the same client; and
4. Decrease the frequency and duration of hospitalization.

Community support provides client advocacy, ensures continuity of care, supports clients in time of crisis, provides/procures skill training, ensures the acquisition of necessary resources and assists the client in achieving community/social integration. The community support program provides a clear locus of accountability for meeting the client's needs within the resources available in the community. The role(s) of the community support provider may vary based on client's needs. Community support is generally provided in the client's place of residence or related community locations. The frequency of contact between the community support provider and the client is individualized and adjusted in accordance with the needs of the client.

35-004.01A Program Components: The program shall -

1. Facilitate communication and coordination among the mental health rehabilitation providers serving the client;
2. Facilitate the development of an Individual Program Plan (IPP) that includes interventions to address: community living skills, daily living skills, interpersonal skills, psychiatric emergency/relapse, medication management including recognition of signs of relapse and control of symptoms, mental health services, substance abuse services, and other related areas necessary for successful living in the community.

3. Directly provide/procure the necessary individualized support and rehabilitative interventions to address client needs in the areas of: community living skills, daily living skills, interpersonal skills, psychiatric emergency/relapse, medication management including recognition of signs of relapse and control of symptoms, mental health services, substance abuse services, and other related services necessary for successful living in the community;
4. Monitor client progress in the services being received and facilitate revision to the Individual Program Plan as needed;
5. Provide contact as needed with other service provider(s), client family member(s), and/or other significant people in the client's life to facilitate communication necessary to support the individual in maintaining community living;
6. Provide therapeutic support and intervention to the client in time of crisis and, if hospitalization is necessary, facilitate, in cooperation with the inpatient treatment provider, the client's transition back into the community upon discharge.
7. Establish hours of service delivery that ensure program staff are accessible and responsive to the needs of the client. Scheduled services shall include evening and weekend hours.
8. Directly provide or otherwise demonstrate that each client has on-call access to a mental health provider on a 24 hour, 7 days per week basis.

35-004.02 Day Rehabilitation: The Day Rehabilitation program is designed to-

1. Enhance and maintain the client's ability to function in community settings; and
2. Decrease the frequency and duration of hospitalization. Clients served in this program receive rehabilitation and support services to develop and maintain the skills needed to successfully live in the community. Day Rehabilitation is a facility-based program.

35-004.02A Program Components: The program shall provide:

1. Prevocational services including services designed to rehabilitate and develop the general skills and behaviors needed to prepare the client to be employed and/or engage in other related substantial gainful activity. The program does not provide training for a specific job or assistance in obtaining permanent competitive employment positions for clients.
2. Community living skills and daily living skills development.
3. Client skills development for self-administration of medication, as well as recognition of signs of relapse and control of symptoms.
4. Planned socialization and skills training and recreation activities focused on identified rehabilitative needs.
5. Skill building in the usage of public transportation and/or assistance in accessing suitable local transportation to and from the Day Rehabilitation program.
6. A scheduled program of services to clients for a minimum of five hours per day, five days per week. Specific services for each client will be individualized, based on client needs.
7. Directly provide or otherwise demonstrate that each client has on-call access to a mental health provider on a (24) hour, (7) days per week basis.

35-004.02B Supportive Services: The program provides the following supportive services for all active clients: referrals, problem identification/solution, and coordination of the Day Rehabilitative program with other services.

35-004.03 Psychiatric Residential Rehabilitation: The Psychiatric Residential Rehabilitation Program is designed to:

1. Increase the client's functioning so that s/he can eventually live successfully in the residential setting of his/her choice, capabilities and resources;
2. Decrease the frequency and duration of hospitalization.

The Psychiatric Residential Rehabilitation program provides skill building in community living skills, daily living skills, medication management, and other related psychiatric rehabilitation services as needed to meet individual client needs. Psychiatric Residential Rehabilitation is a facility-based, non-hospital or non-nursing facility program for persons disabled by severe and persistent mental illness, who are unable to reside in a less restrictive residential setting. These facilities are integrated into the community, and every effort is made for these residences to approximate other homes in their neighborhoods.

35-004.03A Program Components: The program provides -

1. Community living skills and daily living skills development.
2. Client skills development for self-administration of medication, as well as recognition of signs of relapse and control of symptoms.
3. Skill building in the usage of public transportation and/or assistance in accessing suitable local transportation to and from the Psychiatric Residential Rehabilitation program.

35-004.03B Licensure Requirements: The program shall be licensed as a Residential Care Facility, Domiciliary, or Mental Health Center by the Department of Health and Human Services Regulation and Licensure.

35-004.03C Staffing Requirements: The program must have the appropriate staff coverage to provide services for clients needing to remain in the residence during the day.

35-004.03D Bed Limitation: The maximum capacity for this facility shall not exceed eight beds. Waivers to a maximum of ten beds may be granted when it is determined to be in the best interests of clients. Facilities under contract with the Department of Health and Human Services prior to the promulgation of these regulations, whose capacity exceeds the ten-bed limitation, but which have no more than 15 beds, may be exempted from this requirement. There shall be no other waiver of this regulation over the ten-bed limitation.

35-004.03E Supportive Services: The program provides the following supportive services for all active clients: referrals, problem identification/solution, and coordination of the Residential Rehabilitation program with other services the client may be receiving.

35-005 Referrals for Rehabilitative Psychiatric Services: Referrals for Rehabilitative Psychiatric Services will be directed to the Department or its designee. The referral must include documentation that establishes:

1. The client's Medicaid eligibility; and
2. How the client meets the definition of serious and persistent mental illness specified in 471 NAC 35-001.01.

35-006 Eligibility for Rehabilitative Psychiatric Services: To be eligible for Rehabilitative Psychiatric Services, the client must be eligible for Medicaid, meet the definition of severe and persistent mental illness, and be authorized by the Department or its designee for specific services.

35-007 Service Needs Assessment and Rehabilitative Psychiatric Service Recommendations: All clients determined eligible for rehabilitative psychiatric services must be assessed and have rehabilitative psychiatric service recommendations developed by a referring provider according to specified protocols.

35-008 Service Authorization: The completed assessment and rehabilitative psychiatric service recommendations must be reviewed by the Department or its designee. A determination will be made to -

1. Approve the client for a specified level and duration of one or more rehabilitative psychiatric services;
2. Request additional information from the assessor; or
3. Deny the request for rehabilitative psychiatric services.

35-009 Plan Development: Clients authorized for one or more of the rehabilitative psychiatric services (Community Support, Day Rehabilitation, Residential Rehabilitation) will be referred by the Department or its designee to the appropriate rehabilitative psychiatric services provider(s), consistent with client choice. Rehabilitative psychiatric service providers will be responsible for working with the client to -

1. Complete an assessment of the client's strengths and needs in that service domain according to the requirements of 204 NAC 5 004.05G and 204 NAC 5 004.05H2.
2. Develop, in conjunction with the client, an Individual Service Plan (ISP) for their respective service areas, according to the requirements of 204 NAC 5 004.05I.
3. Participate in developing, along with the client, the client's family members and/or significant others (as appropriate and with client consent), and other relevant community service providers, the client's Individual Program Plan (IPP) according to Department of Health and Human Services specified protocols.

The Community Support program will be assigned responsibility for IPP development and coordination unless otherwise determined by the Department or its designee.

35-010 Utilization Management: The Department or its designee will provide utilization management for all rehabilitative psychiatric services. This will include the service authorization/service intensity functions identified in 471 NAC 35-008. In addition, the Department or its designee will authorize client IPP's and provide ongoing utilization review of the client's progress in relation to the IPP's. At least annually, clients in rehabilitative psychiatric services will be reassessed and new service recommendations will be reviewed and approved by the Department or its designee as described in 471 NAC 35-008.

35-011 Payment for Rehabilitative Psychiatric Services: For services provided on or after April 1, 1995, NMAP pays for rehabilitative psychiatric services at established rates. Rates will not exceed the actual cost of providing rehabilitative psychiatric services.

35-012 Appeals and Fair Hearings: A client has the right to appeal under 465 NAC 2-001.02 and 42 CFR 431, Subpart E. A provider has the right to appeal under 471 NAC 2-003. Hearings are conducted according to 465 NAC 6-000 and 42 CFR 431, Subpart E.

The Department is primarily responsible for the administrative duties of this function.

35-013 Assertive Community Treatment: The Assertive Community Treatment (ACT) Team provides high intensity services, available to provide treatment, rehabilitation, and support activities seven days per week, twenty-four hours per day, 365 days per year. The team has the capacity to provide multiple contacts each day as dictated by client need. The team provides ongoing continuous care for an extended period of time, and clients admitted to the service who demonstrate any continued need for treatment, rehabilitation, or support will not be discharged except by mutual agreement between the client and the team.

Assertive Community Treatment (ACT) is provided by a self-contained clinical team which:

1. Assumes overall responsibility and clinical accountability for clients disabled by severe and persistent mental illness by directly providing treatment, rehabilitation and support services and by coordinating care with other providers;
2. Minimally refers clients to outside service providers;
3. Provides services on a long-term basis with continuity of care givers over time;
4. Delivers most of the services outside program offices;
5. Emphasizes outreach, relationship building, and individualization of services;
6. Provides psychiatric treatment and rehabilitation that is culturally sensitive and competent; and
7. Shares team roles expecting each staff member to know all the clients and assist in assessment, treatment planning, and care delivery as needed.

This model of integrated treatment, rehabilitation, and support services is intended to help clients stabilize symptoms, improve level of functioning, and enhance the sense of well being and empowerment. Services provided will focus on treatment and rehabilitation of the effects of serious mental illness, as well as support and assistance in meeting such basic human needs as housing, transportation, education, and employment is necessary for client satisfaction with services and increased quality of life. The goal of the program is to provide assistance to individuals in maximizing their recovery, to ensure client directed goal setting, to assist clients in gaining hope and a sense of empowerment, and provide assistance in helping clients become respected and valued members of their community.

35-013.01 Admission and Discharge Criteria

35-013.01A Admission Criteria: ACT services are intended for those persons disabled by severe and persistent mental illness who are unable to remain stable in community living without high intensity services. ACT services must be prior authorized by the Department or its designee. To be eligible for ACT services clients must meet all of the criteria described in 471 NAC 35-001.01, and demonstrate indicators of high need and utilization.

35-013.01B Discharge Criteria: The ACT Program is intended to provide services over a long period of time. Clients admitted to the service who demonstrate continued need for treatment, rehabilitation, or support will not be discharged except by mutual agreement between the client and the ACT Team.

Discharges from the ACT Team occur when the client and program staff mutually agree to termination of services. Specific documentation must be included in the

client's clinical chart when a discharge occurs. See 471 NAC 35-004.04. Discharge may occur in the following situations:

1. Geographic Relocation: The client moves outside the team's geographic area of responsibility. In such cases, the ACT Team must arrange for transfer of mental health service responsibility to a provider wherever the client is moving. To meet this responsibility, the ACT team must maintain contact with the client until this service transfer is arranged.
2. Significantly Improved Functioning: The client demonstrates by functional assessment measurement the ability to function in all major role areas (i.e., work, social, self-care) with minimal assistance.
3. Client Requested Discharge: Requested discharge despite the team's best efforts to develop a treatment and service plan acceptable to the client. Efforts to develop an acceptable treatment and service plan must be documented in the client's clinical record.
4. Hospitalization of the Client in an Institute for Mental Disease (IMD): The NMAP is not able to reimburse for services provided to clients over age 20 and under age 64 who are being treated in an Institute for Mental Disease.

35-013.02 Staff Requirements: Each ACT Team must provide a comprehensively staffed team, including a psychiatrist, a peer support person, and program assistants. The ACT Team must have among its staff individuals who are qualified to provide the required services. Each ACT Team must employ, at a minimum, the following number of clinical staff persons, peer support, and psychiatrists to provide the treatment, rehabilitative, and supportive services. Providers are responsible for verifying that staff are appropriately licensed or certified.

35-013.02A Staff Qualifications: All clinical staff must be appropriately licensed or credentialed as required by the Department of Regulation and Licensure. All clinical staff must have at least two years of experience working with persons with serious and persistent mental illness. All clinical staff must maintain sufficient hours of continuing education to maintain certification or licensure.

35-013.02B Background Checks: The employer of the ACT Team members is responsible and accountable for the activities and interventions of the ACT Team staff. The employer must consider which type of criminal background and Abuse/Neglect Central Registry checks are appropriate for their staff and how the results impact hiring decisions. The use of criminal background and Abuse/Neglect Central Registry checks must be describing in the employer’s policy and procedure manual and is available for review.

35-013.02C Staff Configuration: The configuration of an ACT Team depends on the number of clients to be served. The ACT Team maintains a 1:8 staff to client ratio (the Team Leader, Team Psychiatrist, and Peer Support are not included in the ratio.)

1. Minimum Staff Configuration: The following minimum staffing configuration must be met in each ACT Team regardless of the number of clients served. This configuration may serve up to 40 clients. The

team must have at least one member who demonstrates competency or is a certified alcohol and drug abuse counselor. The clinical staff must include:

a. Team Psychiatrist: Psychiatric coverage at a minimum ratio of 16 hours per week. This psychiatry time must be spent exclusively on the ACT Team program activities.

b. Team Leader: Each ACT Team must have one full time Team Leader. The Team Leader must have at least a master's degree in nursing, social work, psychiatric rehabilitation, psychology, physician's assistant or is a psychiatrist. The Team Leader must have demonstrated clinical and administrative experience.

c. Mental Health Professionals: Each team must have one full time Mental Health Professionals. A Mental Health Professional is defined as a person who has completed a Master's or Doctoral degree in a core mental health discipline, and has clinical training including internships and other supervised practical experiences in a clinical or rehabilitation setting.

d. Nursing Staff: Each team must have one full time Registered Nurse.

e. Mental Health Worker: Each team must have one Mental Health Worker who meets one of the following qualifications:
   (1) Is a Certified Alcohol and Drug Abuse Counselor;
   (2) Has a bachelor's degree in rehabilitation or a behavioral health field;
   (3) Has a bachelors' degree in a field other than behavioral sciences or have a high school degree, and has work experience with adults with severe and persistent mental illness or with individuals with similar human services needs; OR

f. Additional Staff: Each team must have one additional full time staff person who meets the qualifications of the Mental Health Professional, Registered Nurse, or Mental Health Worker.

g. Peer Support: Each team must have a half time of peer support coverage. This team member position must be a self-identified consumer of mental health services. The Peer Support staff must have training, experience, and ability to work with the team in carrying out appropriate aspects of the treatment and service plan. The Peer Support staff must have a bachelor's degree or a high school diploma and either work experience with adults with severe and persistent mental illness, or be able to demonstrate the motivation, learning potential and interpersonal characteristics necessary to benefit from on-the-job training.

h. Support Staff: Each ACT Team must have at least one full-time support staff person.

2. Expanded Staff Configuration: If an ACT Team will serve more than 40 clients, the following staff must be added:

   a. Registered Nurse: Teams serving more than 40 clients must have at least two Registered Nurses;

b. Peer Support: Teams serving more than 40 clients must have full time Peer Support;
c. Team Psychiatrist: Teams serving more than 40 clients must maintain additional psychiatric coverage of 2.6 hours for every eight clients; and
d. Mental Health Professionals: Teams serving more than 48 clients must have at least two Mental Health Professionals.

3. Additional Staff: Teams serving more than 40)clients must maintain a minimum 1:8 staff to client ratio. This ratio excludes the Team Leader, Psychiatrist, and Peer Support. The configuration of the ACT Team must reflect the needs of the client population.

35-013.02D Staffing Positions: Each ACT team must have qualified staff assigned to each of the following positions:

1. Team Leader: The Team Leader is the clinical and administrative supervisor of the team and has overall responsibility and accountability for assuring that the requirements and functions as stated in these regulations are met. The Team Leader also functions as a practicing clinician on the ACT Team. The Team Leader ensures that all clinical tasks are completed or rescheduled and manages team response to all emergencies or crisis situations in consultation with the Team Psychiatrist. This is a full time position.
2. Team Psychiatrist: The Team Psychiatrist functions must be provided by a psychiatrist who is Board-certified or Board-eligible on a full-time or part-time basis. The Team Psychiatrist position may be shared by more than one psychiatrist. The Team Psychiatrist provides clinical services including psychiatric assessment, treatment plan development and approval, psychopharmacologic and medical treatment, and crisis intervention to all ACT Team clients. The Team Psychiatrist is available 24 hours per day and seven days per week for crisis management. The Team Psychiatrist works with the Team Leader to monitor each client's clinical status and response to treatment, provides staff clinical supervision, and participates in the development of all treatment and service plans.
3. Peer Support: The Peer Support staff is performs clinical work based on their credentials and abilities.
4. Team Member: Team Members carry out treatment, rehabilitation, and support interventions consistent with their training and scope of licensure.
5. Program Assistant: The program assistant is a non-clinician responsible for working under the direction of the Team Leader to support all non-clinical operations of the ACT Team. This is a full time position.

35-013.02E Staff Functions: The ACT Team must perform the following functions:

1. Clinical Supervision: Clinical Supervision is regular contact between a designated senior clinical supervisor and a member of the ACT Team to:

a. Review the client's clinical status,
b. Ensure appropriate treatment services are provided to the client, and
c. Review and improve the ACT Team member's service provision.

Clinical Supervision may occur during Daily Team Meetings, Treatment and Service Planning Meetings, side-by-side and face-to-face supervision sessions, and through a review of the client's clinical record and in other appropriate activities. Clinical Supervision must be appropriately documented. The Team Leader and/or the psychiatrist is responsible for supervising and directing all ACT Team activities.

2. Crisis Intervention and Response: In addition to the client specific Crisis Intervention plans, the ACT Team must have a procedure to respond to emergencies and crises. This includes, but is not limited to, 24-hour crisis intervention availability.
3. Assessment: Initial and updated assessments of the client must be provided as described in 471 NAC 35-013.04A. Appropriate staff must be assigned to this function based on individualized client need. The client and his/her family (as allowed by client permission) must be involved in all assessments.
4. Treatment Planning: Initial and updated treatment plans must be developed as described in 471 NAC 35-013.04B. In addition to the Team Leader and Team Psychiatrist, appropriate staff must be assigned to this function based on individualized client need. One specific staff person must be designated to document the treatment plan for the clinical record. The client and his/her family (as allowed by client permission) must be involved in all treatment plans, treatment plan reviews, and treatment plan revisions.
5. Treatment, Rehabilitation, and Service Plan Coordination: Treatment and Service Plan Coordination is an organized process of coordination among the multi-disciplinary team in order to provide a full range of appropriate treatment, rehabilitation, and support services to a client in a planned, coordinated, efficient and effective manner, as outlined in the treatment and service plan.
6. Interventions Based on individualized client need and preference and ACT Team qualifications, experience, and training, ACT Team members must be assigned to provide the active treatment, rehabilitative, and supportive services described in 471 NAC 35-013.04C.

35-013.03 ACT Program Organization

35-013.03A Hours of Operation, Coverage, and Availability of Services: The ACT Team must meet the following regulations related to availability and scheduling.

1. Hours of Operation and Availability of Services: The ACT Team must be available to provide treatment, rehabilitation, and support interventions seven days per week, 365 days a year, 24 hours per day. The ACT Team must be able to:

a. Meet the clients' needs at all hours of the day including evenings, weekends, and holidays,
b. Provide services at the time that is most appropriate and natural for the client as described in the client's individualized treatment plan; and
c. Operate a minimum of 12 hours per day and eight hours each weekend day and every holiday.

2. Psychiatric Coverage: Psychiatric coverage must be available at all times. If availability of the Team Psychiatrist during all hours is not feasible, alternative psychiatric backup must be arranged. The covering psychiatrist must have an orientation to the ACT Team concept and be supportive of its services. The covering psychiatrist must be able to get client specific information from an ACT Team member.

35-013.03B Service Intensity: The ACT Team services must be able to provide the level of service intensity as dictated by client need. Client need is determined through the severity of symptoms and problems in daily living and is documented in the client's individualized treatment plan.

35-013.03C Place of Service: The ACT Team must provide most of the interventions and service contacts in the community, in non-office based settings.

35-013.03D Shared Responsibility: The responsibility of the total client caseload is shared by the entire ACT Team, even though team members may serve as a primary contact for certain clients. Over time, every team member gets to know every client and every client gets to know every team member.

35-013.03E Staff Communication and Planning: The ACT Team will use systems and methods for continuous daily communication and planning. These must include:

1. Daily Organizational Staff Meeting: A Daily Organizational Staff Meeting is held to review the status of all program clients, update the Team on contacts provided in the past 24 hours and to communicate essential information on current events and activities as they relate to the interventions provided by the ACT Team.
2. Daily Team Assignment Schedule: The Daily Team Assignment Schedule lists all of the interventions that need to be provided on that day and the ACT Team member assigned to complete the intervention.
3. Daily Log: The Daily Log is used to document that a client review has occurred.
4. Client Weekly Contact Schedule: The Client Weekly Contact Schedule is a written schedule of all treatment, rehabilitation, and support interventions which staff must carry out to fulfill the goals and objectives in the client's treatment and service plan.
5. Treatment and Service Plan Meetings: Treatment and Service Planning Meetings are regularly scheduled meetings to identify and assess individual client needs/problems; to establish measurable long and short term treatment and service goals; to plan treatment and service

interventions; and to assign staff persons responsible for providing the services. If the client and their family are not able to participate, the meeting includes their input. Appropriate support is provided to maximize the participation of the client and their family. If necessary, the treatment and Service Plan should address any barriers to participation. The ACT Team shall conduct Treatment and Service Planning Meetings, under the supervision of the Team Leader and Team Psychiatrist.

35-013.04 Program Components and Interventions: Operating as a continuous treatment and rehabilitative service, the ACT Team shall have the capability to provide assessment, comprehensive treatment, rehabilitation, and support services as a self-contained clinical service unit. Services must be available 24 hours a day, seven days a week, 365 days per year. Services must be provided by the most appropriate ACT Team members operating within their scope of practice. Services must include, but are not limited to:

35-013.04A Assessment and Evaluation

35-013.04A1 Initial Admission Assessment: Prior to accepting the client for admission, the ACT Team must assess and determine the appropriateness of the client for admission to the ACT Team program. The assessment must include a review of clinical information and client interview and may include additional assessment activities.

35-013.04A2 Comprehensive Assessment: The Comprehensive Assessment is unique to the ACT Program in its scope and completeness. A Comprehensive Assessment is the process used to evaluate a client's past history and current condition in order to identify strengths and problems, outline goals, and create a comprehensive, individual Treatment and Service Plan. The Comprehensive Assessment reviews information from all available resources including past medical records, client self report, interviews with family or significant others if approved by the client, and other appropriate resources, as well as current assessment by team clinicians from all disciplines. A Comprehensive Assessment must be initiated and completed within 30 days after the client's admission to the ACT program, according to the following requirements:

1. Each assessment area must be completed by staff with skill and knowledge in the area being assessed and must be based upon all available information, including client self-reports, reports of family members and other significant parties, written summaries from other agencies, including police, courts, and outpatient and inpatient facilities, interviews with the client, and standardized assessment materials.
2. The Comprehensive Assessment must include a thorough medical and psychiatric evaluation and must identify client strengths as well as problems. The assessment must gather sufficient information to develop an individualized client-centered plan.

3. The Comprehensive Assessment may be revised during a client's tenure in the ACT Program. Information may be added, revised, or clarified.

35-013.04B Treatment, Rehabilitation, and Service Plan Development and Coordination: Treatment and Service Plan Development and Coordination is a continuing process involving each client, the client's family, guardian, and/or support system as appropriate, and the team which individualizes service activity and intensity to meet client-specific treatment, rehabilitation and support needs. The written Treatment and Service Plan documents the client's goals and the services the client will receive in order to achieve them. The plan also delineates the roles and responsibilities of the team members who will carry out the services.

An Initial Treatment, Rehabilitation, and Service Plan must be developed upon the client's admission to the ACT Team.

The Comprehensive Treatment, Rehabilitation, and Service Plan must be developed for each client within 21 days of the completion of the Comprehensive Assessment. This Treatment, Rehabilitation, and Service Plan will be developed and revised according to the following regulations:

35-013.04B1 Comprehensive Treatment, Rehabilitation and Service Plan Development: The Comprehensive Treatment, Rehabilitation, and Service Plan is developed through an organized process of coordination among the multi-disciplinary team in order to provide a full range of appropriate treatment, rehabilitation, and support services to the client in a planned, coordinated, efficient and effective manner. The Comprehensive Treatment, Rehabilitation, and Service Plan provides a systematic approach for meeting a client's needs, treatment rehabilitation, and support needs, and documenting progress on treatment, rehabilitation, and service goals.

The following key areas must be addressed in the Treatment, Rehabilitation, and Service Plan based upon the individual needs of the client: symptom stability, symptom management and education, housing, activities of daily living, employment and daily structure, family and social relationships, and crisis support.

This plan must:

1. identify the client's needs and problems,
2. list specific long and short term goals with specific measurable objectives for these needs and problems,
3. list the specific treatment and rehabilitative interventions and activities necessary for the client to meet these objectives and to improve his/her capacity to function in the community, and
4. identify the ACT Team members who will be providing the intervention.

The treatment and service plan shall be developed in collaboration with the client and/or guardian, if any, and, when appropriate, the client's family.

The client's participation in the development of the Treatment and Service Plan must be documented. The plan must be signed by the client and the Team Psychiatrist.

35-013.04B2 Comprehensive Treatment, Rehabilitation, and Service Plan Reviews: The ACT Team must review and revise the client's Treatment, Rehabilitation and Service Plan every six months, whenever there is a major decision point in the client's course of treatment, or more often if necessary. The Team Psychiatrist, Team Leader, and appropriate staff from the ACT Team must participate in each Treatment, Rehabilitation and Service Plan Review. The ACT Team must include the client in the review. Guardians and/or family members should be encouraged to participate, as allowed by the client.

The Treatment, Rehabilitation and Service Plan Review must be documented in the client's clinical record. This documentation must include a description of the client's progress and functioning since the last Treatment, Rehabilitation and Service Plan Review, the client's current functional strengths and limitations, a list of attendees, the discussion related to the Treatment, Rehabilitation and Service Plan, and any changes to the plan. The plan and review will be signed by the client and the Team Psychiatrist.

The signature of the Team Psychiatrist indicates this is the most appropriate level of care for the client and that the treatment, rehabilitative, and service interventions are medically necessary.

35-013.04B3 Client and Family Participation: The ACT Team is responsible for engaging the client in active involvement in the development of the treatment/service goals. With the permission of the client, ACT Team staff shall involve pertinent agencies and members of the client's family and social network in the formulation of treatment and service plans.

35-013.04C Treatment, Rehabilitative, and Supportive Interventions: The ACT Team must be able to provide treatment, rehabilitative, and supportive interventions to clients assigned to the ACT Team. The interventions are categorized into three areas and the specific application of each type of intervention must be based on the client's specific goals and objectives. The interventions must address the needs identified in the Comprehensive Assessment. While there are no requirements that the client receive a minimum number of a specific categories of intervention, the client must receive the interventions that are appropriate for their needs.

All interventions must be performed by professionals acting within the appropriate scope of practice.

35-013.04C1 Treatment Interventions:

1. Medical Assessment, Management, and Intervention: The ACT Team will provide the interventions necessary to treat the client's psychiatric and physical conditions.
2. Individual, Family, and Group Therapy or Counseling: The ACT Team will provide individual, family, and group therapy or counseling to assist the client to gain skills in interpersonal relationships, identify and resolve conflicts, and systematically work on identified individual goals. These interventions focus on lessening distress and symptomology, improving psychological defenses and role functioning, and increasing and reinforcing the client's understanding of and participation in treatment, rehabilitative services, and activities of daily living.
3. Medication: The ACT Team will provide the prescription, preparation, delivery, administration, and monitoring, of medications.
4. Crisis Intervention: The ACT Team will provide Crisis Intervention Services by assessing client needs that require immediate attention and initiate a resolution to the need.
5. Substance Abuse Services: The ACT Team will provide Substance Abuse Services to assist the client in achieving periods of abstinence and stability. The interventions include, but are not limited to assessment, individual and group counseling, education, and skill development. The interventions should help the client:
   a. learn to identify substance use, effects, and patterns,
   b. recognize the relationship between substance use, mental illness and psychotropic medications, and
   c. develop motivation to eliminate or decrease substance use and coping skills or alternatives to minimize substance use.

35-013.04C2 Rehabilitative Interventions:

1. Symptom Management Skill Development: The ACT Team will provide Symptom Management Skill Development to help the client cope with and gain mastery over symptoms and functional impairments in the context of adult role functioning.
2. Pre-Vocational Skill Development: The ACT Team will provide Pre-Vocational Skill Development that includes individualized assessment and planning for employment based upon functional assessment and the client's needs, desires, interests and abilities.
3. Activities of Daily Living and Community Living Skill Development: The ACT Team will provide services to help the client rehabilitate their functional impairments and limitations related to activities of daily living and living in a community setting. The services will help clients carry out personal hygiene and grooming tasks, perform household activities, find housing which is safe and affordable, develop or improve money management skills, use available transportation, and have and effectively use a personal physician and dentist.

4. Social and Interpersonal Skill Development: The ACT Team will provide interventions to help the client rehabilitate their social functioning. The goals include, but are not limited to improved communication skills, developing assertiveness, developing social skills and meaningful personal relationships, appropriate and productive use of leisure time, relating to others effectively, familiarity with available social and recreational opportunities and support groups, and increased use of such opportunities.
5. Leisure Time Skill Development The ACT Team will provide interventions to rehabilitate the client's ability to use leisure time appropriately.

35-013.04C3 Supportive Interventions:

1. Assistance: The ACT Team will provide support services, direct assistance, and coordination to ensure that the client obtains the basic necessities of daily life. These necessities include, but are not limited to: medical and dental services, safe, clean, affordable housing, financial support, social services, transportation, legal advocacy and representation, education, employment, food, and clothing.
2. Support: The ACT Team will provide support to clients, on a planned and "as needed" basis, to help them accomplish their personal goals, gain a sense of personal mastery and empowerment, and to cope with the stresses of day-to-day living. This includes interaction that focuses on decreasing distress, improving understanding and reinforcing the client's participation in services.
3. Family Involvement: The ACT Team will provide education, support and consultation to clients' families and other major supports, with client agreement and consent. The ACT Team must encourage family members and other major sources of support to be involved in the services received by the client unless prohibited by the client, through legal action, or because of confidentiality laws. This includes education about the client's illness and condition and the role of the family in the therapeutic process, intervention to resolve conflict, and ongoing communication and collaboration between the ACT Team and the client's family.
4. Positive Peer Role Modeling: The ACT Team will offer opportunities for positive peer role modeling and peer support including practical problem solving approaches to daily challenges, peer perspective on steps to recovery and support, mentoring toward greater independence, empowerment, and ability to manage severe symptomology.

35-013.05 National Accreditation and Certification: Providers must be nationally accredited under specific ACT Team standards, such as CARF (Commission on Accreditation of Rehabilitation Facilities), or must be actively pursuing accreditation in

order to be enrolled. Providers that are actively pursuing accreditation with a national body must submit their accreditation plan for consideration. Providers actively pursuing accreditation will be enrolled on a provisional status.

35-013.06 Clinical Documentation Requirements: Records must be kept in accordance with Nebraska standards as outlined in Title 204 NAC 5 004.05, in Nebraska Medical Assistance Program 471 NAC, and in accordance with the national accreditation body surveying the provider. The clinical records for ACT Team services must include the following information:

1. Client identifying and demographic information;
2. Assessments and Evaluations;
3. Team Psychiatrist's orders;
4. Treatment, Rehabilitation and Service Planning;
5. Current Medications;
6. Progress and contact notes must be recorded by all ACT Team members providing services to the client;
7. Reports of consultations, laboratory results, and other relevant clinical and medical information;
8. Documentation of the involvement of family and other significant others; and
9. Documentation of transition and discharge planning.

35-013.06A Discharge Documentation: Documentation of discharge from the ACT program must included.

35-013.07 Performance Improvement and Program Evaluation: The ACT Team must have a performance improvement and program evaluation plan which meets the criteria for accreditation in the approved national accreditation organization. In addition, the program will participate in all aspects of statewide ACT evaluation projects.

35-013.08 Provider Enrollment: An ACT Team must complete Form MC-19, “Medical Assistance Provider Agreement, ” and submit the completed form and a program overview that addresses the requirements in these regulations to the Department for approval. The ACT Team must maintain written policies and procedures that document compliance with all of the standards and requirements in 471 NAC 35-004. The Department is the sole determiner of which providers are approved for participation in this program. The provider will be advised in writing when its participation is approved. Annual updates of enrollment may be required.

35-013.09 Program Review: The ACT Team will be reviewed regularly by the Department or its designee.

35-013.10 ACT Service Delivery Manual: For additional information about Assertive Community Treatment Services, please refer to the ACT Service Delivery Manual.

35-013.11 Prior Authorization: Reimbursement for services from the ACT Team must be authorized by the Department or its designee.

35-013.12 Telehealth: ACT Team interventions may be provided via telehealth when provided according to the regulations 471 NAC 1-006.

35-013.13 Reimbursement and Billing Information: For services provided on or after July 1, 2003, NMAP pays for assertive community treatment services at established rates. Providers must follow these billing requirements:

1. Claims for services provided by the ACT Team must be billed on an appropriately completed Form CMS-1500;
2. Claims for ACT Team services must use the procedure codes determined by the Department; and
3. The unit of service for ACT Team reimbursement is one day.

35-013.14 Hospital Admissions: In the event that a client requires hospitalization while receiving services from the ACT Team, NMAP will continue to reimburse the ACT Team services for up to 15 days per hospitalization. The ACT Team must maintain as much involvement with the client as possible, based on consumer preference and authorization to release information. This includes providing interventions to the client, participating in transition and discharge planning, and any other appropriate involvement.

35-013.15 Limitations on the Reimbursement for ACT Team Services: The following situation limits NMAP reimbursement for ACT Team Services. Because regulations prohibit federal financial participation in the reimbursement of services to clients age 22 to 64 in an IMD (Institute for Mental Disease), clients who are admitted to an IMD for longer than 15 days may have their eligibility suspended.